## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047410

FILED Apr 26, 2007 Secretary of State

Entity Name: MAIN STREET CHILDREN'S DENTISTRY AND ORTHODONTICS OF SOUTH BROWARD, P.A.

Current Principal Place of Business: New Principal Place of Business:

9900 STIRLING ROAD SUITE 100 COOPER CITY, FL 33024

Current Mailing Address: New Mailing Address:

9900 STIRLING ROAD 12515 NO KENDALL DR SUITE 100 STE 406 COOPER CITY, FL 33024 MIAMI, FL 33186

FEI Number: 20-4623166 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOBER, MELVYN S
12515 NORTH KENDALL DRIVE
SUITE 412
MIAMI, FL 33186 US

GOBER, MELVYN S
12515 NORTH KENDALL DRIVE
SUITE 406
MIAMI, FL 33186 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 ( ) Delete
 Title:
 CEO ( ) Change (X) Addition

 Name:
 Name:
 MELVYN S GOBER,

 Address:
 Address:
 12515 NO KENDALL DR STE 406

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVYN S GOBER CEO 04/26/2007